Citizen Audit.org

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

432001 11-07-14

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Form **990** (201

AF	or the	2014 calendar year, or tax year beginning	and	enaing			
Вс	heck if	C Name of organization			D Employer id	entificati	on number
aļ	pplicable	The Church of Jesus Ch	rist of Latter-	Day			
	Addres change	Saints, Chicago First	Ward Trust		<u> </u>		
]Name]change	Doing business as			4.5	5-672	1810
]initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone nu	ımber	
]Final retum/	5046 North Melvina			7.	73-86	5-9313
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		1203763.
	Amend	Chicago, IL 60630	_		H(a) Is this a gro	oup return	า
	Application	F Name and address of principal officer:Ber	nard A Fish		for subordi	nates?	Yes X No
	pendin	5046 North Melvina, Chi			H(b) Are all subordi	nates includ	ed? Yes No
1 T	ax-exe	mpt status: X 501(c)(3) 501(c) ()	◀ (insert no.) 4947(a)(1)	or 527	If "No," atta	ach a list.	(see instructions)
JV	Vebsit	e: ► N/A			H(c) Group exer	nption nu	ımber 🕨
K F	orm of	organization; Corporation X Trust As	sociation Other	∟ Year	of formation: 201	LOM Sta	ate of legal domicile: II
Pa	irt I	Summary					
-	1	Briefly describe the organization's mission or most	significant activities: Assi	sting	LDS membe	ers 1	iving in
Activities & Governance		the trust's geographic ar					
r B		Check this box if the organization disco				net assets	S.
Š		Number of voting members of the governing body				3	6
Ğ	1	Number of independent voting members of the go				4	(
φ 90	ı	Total number of individuals employed in calendary		·		5	(
/itie	l	Total number of volunteers (estimate if necessary)				6	(
뜡		Fotal unrelated business revenue from Part VIII, co	olumn (C), line 12		•	7a	34348.
4	i .	Net unrelated business taxable income from Form	* *			7b	0.
					Prior Year		Current Year
•	8	Contributions and grants (Part VIII, line 1h)				0.	0.
Revenue		Program service revenue (Part VIII, line 2g)				0.	0.
ě		nvestment income (Part VIII, column (A), lines 3, 4	. and 7d)		271	05.	62112.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8d				0.	0.
	l .	Fotal revenue - add lines 8 through 11 (must equal		. –	271	05.	62112
		Grants and similar amounts paid (Part IX, column (536:		60445
	ı	Benefits paid to or for members (Part IX, column (A		\neg		0.	0.
S				\		0.	0.
ıse	16a	Salaries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A), in the following land fundraising expenses (Part IX, column (D), line for the following land fundraising expenses (Part IX, column (D), line for the following land fundraising expenses (Part IX, column (D), line for the following land fundraising expenses (Part IX, column (D), line for the following land fundraising land fundra	ine He SECENED	nの [-	0.	0 .
Expenses	b	Total fundraising expenses (Part IX, column (D), lin	25)	\63\	<u></u> .		· · · · · · · · · · · · · · · · · · ·
ŭ		Other expenses (Part IX, column (A), lines 11a-11d	1	78/-	704	17.	8194
		Total expenses. Add lines 13-17 (must equal Part I	X. Column (Alline 25)	一一	606		68639
	19	Revenue less expenses Subtract line 18 from line	10/9/	TT	-335		-6527
580			OGDEN	Ве	ginning of Current		End of Year
	20	Total assets (Part X, line 16)			11377		1133668.
. 888 888	21	Total liabilities (Part X, line 26)				0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from	ine 20		11377	51.	1133668.
Pa	irt II	Signature Block					
: Und	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the bes	t of my kn	owledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any knowledge		
		mo				7/6/1	.5
^{>} Sig	n	Signature of officer			Date	7-7-	
		Bernard A Fish, Chairm	an				
Her		Type or print name and title					
· —		Print/Type preparer's name	Preparer's signature		Date ch	eck	PTIN
Paid	l				ff	l-employed	L
	arer	Firm's name			Firm's El		
Use	Only	Firm's address					
_					Phone no). <u> </u>	
May	the II	RS discuss this return with the preparer shown abo	ove? (see instructions)				Yes No.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

The Church of Jesus Christ of Latter-Day

LDS

45-6721810 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7,7
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		ŀ	
	as applicable.		İ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	_	
•	the organization's separate of consciliated intanstational statements for the tax year include a received that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ .	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-5		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	X
18		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 ^
13	complete Schedule G, Part III	19	1	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	· · · · · · · · · · · · · · · · · · ·		990	(2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		'	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			i
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	İ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?]	
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٦,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	055		l
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		.
~~	If "Yes," complete Schedule R, Part V, line 2	36	-	_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	X
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	140te. / will out their are required to complete correction			(2014)
		. 5111		(~U 1~)

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	990 (2014) Saints, Chicago First Ward Trust 45-6721	810	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			_
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Ì
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>		
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:	-14		-
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
F.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to fine 5a or 5b, did the organization file Form 8886-T?	5c		A
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> 50</u>		
oa	any contributions that were not tax deductible as charitable contributions?	6-		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		Α.
D		C.L		
-	were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).	- -		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		· •
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	ļ <u>.</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 _
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand		<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>þ</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Fa	, മമറ	10044

45-6721810 Page 6

Form 990 (2014) Saints, Chicago First Ward Trust 45-6721810 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6		i	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			ŀ
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			•
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ļ	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			Г
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		x
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<u> </u>
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С	In Schedule O how this was done	12c		
12	Did the organization have a written whistleblower policy?	13		X
13 14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			-
,,,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
h	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Bernard A Fish - 773-865-9313			
	5046 North Melvina, Chicago, IL 60630			
43200	8 11-07-14	Form	990	(2014)

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Check this box if neither the organization (A)	(B)			((C)			(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of	
	week		cerar	id a d	irecto	or/trus	100)	from	from related	other	
	(list any	iecto						the	organizations	compensation	
	hours for related	60.0	ig Eg			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	Individual trustee or director	institutional trustee		좛	шреп		(11-27 1099 111100)		and related	
	below	lang	l ig		Key employee	stco	 =			organizations	
	line)	Indiv	ast E	Officer	Keye	Highest compensated employee	Former				
(1) Bernard A Fish	1.00										
Chairman		X						0.	0.	0	
(2) Joseph P Bennett	0.50										
Committee Member		X						0.	0.	0	
(3) Michael P Schulz	0.50										
Committee Member		X						0.	0.	0	
(4) Kristin Kutter	0.50]									
Committee Member		X						0.	0.	0 .	
(5) Deborah A Ostvig	0.50]				į			į		
Committee Member		X						0.	0.	0	
(6) Elizabeth Escobedo	0.50										
Committee Member		X						0.	0.	0	
			<u> </u>								
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Form **990** (2014)

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45-6721810 Page **8**

(A) Name and title		(B) Average hours per week	(do box offic	not c	Pos heck ss pe	c) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	а	(F) stimate mount other	of
		(list any hours for related organizations below line)	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	1 '		e tion ted
				<u></u>			-						
			-										
<u> </u>													
1b	Sub-total				<u></u>	<u></u>	<u> </u> 	<u> </u>	0.	0	•		0.
d	Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but			liete	ad al	<u>.</u>		>	0. 0.	0		-	0.
2	compensation from the organization	. Not infinted to the		note		-		-				Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for	r such individual	٠								3		х
4 5	For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive of	50,000? If "Yes	, " cc	mpl	ete S	Sch	eduk	e J f	for such individual	-	4		х
Sec	rendered to the organization? If "Yes," co tion B. Independent Contractors Complete this table for your five highest							ore t	that received more than	\$100,000 of compe	5 nsation	from	X
	the organization Report compensation for (A)	or the calendar	ear/	endi	ing v				n the organization's tax (B)	year		(C)	
	Name and busine	ss address	N	INC	€				Description of s	services	Comp	ensatio	on
					_								
2	Total number of independent contractors \$100,000 of compensation from the orga		not li	mite	d to	the	se li	stec	d above) who received r	nore than			
432008											Forn	n 990	(2014)

Form 990 (2014) Part VIII Statement of Revenue

Saints, Chicago First Ward Trust

		,	Check if Schedule O conf	tains a respons	e or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats st	1 :	a a	Federated campaigns .	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı		Membership dues	1b					
P, G		С	Fundraising events	1c					
業別			Related organizations	1d					
S.E			Government grants (contribut						
ë iš			All other contributions, gifts, gran						
돌		•	similar amounts not included abo	1 1					
걸히		_							
동말		_	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-11 \$					
<u> </u>		<u>() </u>	Total. Add lines 1a-11		Business Code				
60	2 :	_							
Program Service Revenue						-		-	
€ ₹									
E §									
Ra	,	d							
ဥ	•	e	All alternation						
_			All other program service reve	enue					
		g	Total. Add lines 2a-2f		>		<u> </u>		
	3		Investment income (including		_	24240		24240	
					: 🟲	34348.		34348.	
ļ	4		Income from investment of ta	x-exempt bond	proceeds				
İ	5		Royalties .		· · •				
				(i) Real	(ii) Personal				
	6	а	Gross rents						
	1	b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ıi) Other				
			assets other than inventory	1169415	•				
		ь	Less: cost or other basis						
			and sales expenses	1141651					
	١,	c	Gain or (loss)	27764					1
			Net gain or (loss)			27764.	27764.		+
_			Gross income from fundraisin	na events (not					
Jue		_	including \$	-					
Other Rever			contributions reported on line				,		
æ			Part IV, line 18						
<u>a</u>		L	Less: direct expenses		a b				
5			·						
			Net income or (loss) from fun	-					
	9	d	Gross income from gaming a						
		L	Part IV, line 19		a				
		-	Less: direct expenses	•	b				
			Net income or (loss) from gan		P	· - · - · · · · · · · · · · · · · · · ·			
i	10	а	Gross sales of inventory, less						
			and allowances		a				
			Less: cost of goods sold		b				
		C	Net income or (loss) from sale			· · · · · · · · · · · · · · · · · · ·		······································	
			Miscellaneous Revenu	ne	Business Code				
	11 :	а		· · · · · · · · · · · · · · · · · ·					<u> </u>
	ı	b			·				_
	•	C		 					
	•	d	All other revenue						
	•	е	Total. Add lines 11a-11d		▶ L				L
	12	_	Total revenue. See instructions.			<u>62112.</u>	27764.	34348.	
43200 11-07-	ย - 14								Form 990 (2014)

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon		this Part IX	(0)	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	41500.	41500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	18945.	<u> 18945.</u>		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			-	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	7729.	7729.		
a	Management	1,125	7725.	<u> </u>	
D	Accounting				
4	Lobbying				
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	465.		465.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			<u>.</u> .	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	·			
23	Insurance	· · · · · · · · · · · · · · · · · · ·			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b			-		
C					
d	AB the second				
	All other expenses	60620	60174	ACE	
25	Total functional expenses, Add lines 1 through 24e	68639.	68174.	465.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	check here if following SOP 98-2 (ASC 958-720)				
43201	11-07-14	<u> </u>	<u>. </u>		Form 990 (2014)
	- · · ·				\ ' ' <i>'</i>

Form 990 (2014)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 10415. 41446. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 1127336. 1092222. 11 11 Investments · publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 1137751 1133668 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 1137751. 1133668. 30 Capital stock or trust principal, or current funds 30 31 31 Paid in or capital surplus, or land, building, or equipment fund 0. 32 Retained earnings, endowment, accumulated income, or other funds 0. 32 0. 33 Total net assets or fund balances 1137751. 33 1133668. 1137751 1133668. Total liabilities and net assets/fund balances

Form 990 (2014)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

2c

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization The Church of Jesus Christ of Latter-Day Chicago First Ward Trust 45-6721810 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

												
he d	organi	zation is not a private found	ation because it is:	(For lines 1 through 11, o	check only	one box)						
1		A church, convention of chu	urches, or association	on of churches described	d ın sectio	n 170(b)(1)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E.)								
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).					
4	\Box	A medical research organiza					-	the hospital's name,				
٠		city, and state		•				,				
5		An organization operated for	or the benefit of a co	ellege or university owner	d or operat	ted by a go	overnmental unit describ	ed in				
•		section 170(b)(1)(A)(iv). (C			•							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7	一	An organization that normal	-					public described in				
•		section 170(b)(1)(A)(vi). (Co										
Ω	X	A community trust describe		(1)(A)(vi) (Complete Par	t II)							
9						contributio	ons membershin fees a	nd aross receints from				
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
				(less section 511 tax) if	OIII DUSINE	sses acqu	ired by the organization	alter June 30, 1973.				
		See section 509(a)(2). (Cor	•		efatu Caa	* 50	NO(-)(4)					
10	片	An organization organized a										
11		An organization organized a										
		more publicly supported or	-					neck the box in				
		lines 11a through 11d that										
а	L	Type I. A supporting orga										
		the supported organization			a majority	of the direc	ctors or trustees of the s	upporting				
		organization. You must c	•									
þ	L.] Type II. A supporting org										
		control or management o	f the supporting org	anization vested in the s	same perso	ons that co	entrol or manage the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
C		Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instruction:	s). You must complete	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	y integrated. A supp	porting organization oper	rated in co	nnection v	with its supported organi	zation(s)				
		that is not functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and an attenti	veness				
		requirement (see instructi	ions) You must coi	mplete Part IV, Sections	s A and D,	, and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation						
f	Ente	er the number of supported of	organizations									
a	Prov	ride the following information	about the supporte	ed organization(s).								
	() Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of				
		organization		(described on lines 1-9 above or IRC section		n your document?	support (see	other support (see				
				(see instructions))	Yes	No	Instructions)	Instructions)				
				1			-					
ota	ıl			<u> </u>								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

2014.04000 The Church of Jesus Christ \mathtt{LDS}_{-}

Schedule A (Form 990 or 990-EZ) 2014

The Church of Jesus Christ of Latter-Day

Schedule A (Form 990 or 990-EZ) 2014 Saints, Chicago First Ward Trust 45-67218

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the	ĺ					
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						0.
	ction B. Total Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						=
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		33357.	30002.	<u>27105.</u>	59285.	149749.
9	Net income from unrelated business						
	activities, whether or not the		ŀ				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						140740
11	-	L	l <u> </u>				149749.
12	·					- 501(-)(0)	
13	•	_	s tirst, second, thir	a, tourth, or tilth ta	ix year as a section	n 501(c)(3)	▶ X
Se	organization, check this box and stor	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		14	%
	Public support percentage from 2013	• • • • • • • • • • • • • • • • • • • •	•	~idiriir (///		15	
	a 33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies						▶□
ŧ	33 1/3% support test - 2013. If the		-		line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual				•		. ▶□
178	a 10% -facts-and-circumstances tes	t - 2014. If the org	ganization did not d	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	dorganization		ightharpoons
ŀ	10% -facts-and-circumstances tes	t - 2013. If the ord	ganization did not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	,
	organization meets the "facts-and-cire		=		-		▶∟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>			
					Sch	edule A (Form 990	or 990-EZ) 2014

Part III	Support Schedule for	Organizations Described in	Section	509(a)(2)

Pa	art III Support Schedule for	Organizations	Described in S	Section 509(a)(2)		
	(Complete only if you checked	the box on line 9	of Part I or if the or	ganızatıon failed i	to qualify under Pa	rt II If the organiza	ition fails to
	qualify under the tests listed by	pelow, please comp	olete Part II.)				
Sec	ction A. Public Support					·	· . · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		İ				
	include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-		ĺ				
	iness under section 513						
4							
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities furnished by a governmental unit to						
	, ,						
	the organization without charge				-	<u></u>	
	Total. Add lines 1 through 5						
7a	a Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	c Add lines 7a and 7b				ļ	<u> </u>	
	Public support (Subtract line 7c from line 6)	<u> </u>				<u> </u>	
Sec	ction B. Total Support		T				,
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				ļ		
10a	a Gross income from interest,	1					<u>.</u>
	dividends, payments received on securities loans, rents, royalties				1		
	and income from similar sources						
t	b Unrelated business taxable income						
	(less section 511 taxes) from businesses	,					
	acquired after June 30, 1975						
	c Add lines 10a and 10b				···		
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain		· · · · · · · · · · · · · · · · · · ·		-		
	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for		e first second thir	d fourth or fifth t	ay year as a section	n 501(c)(3) organi	zation
14		Ji trie Organization	3 m3t, 3000ma, triit	a, rourth, or marri	an your as a scone	n oo i(c)(o) oigaiii	▶
Se	check this box and stop here ction C. Computation of Pub	lic Support Pe	rcentage	··- · ·			
				solumn (f))		15	- %
15				ominin (i/)		16	
16						1101	
	ction D. Computation of Inve			12 column (4)		17	%
	Investment income percentage for 2			ie 13, Wiumin (i))	•	17	
18	,			an line 14 and lin		18	%
198	a 33 1/3% support tests - 2014. If th						17 IS 110t
	more than 33 1/3%, check this box						▶ ∟
t	b 33 1/3% support tests - 2013. If th						
	line 18 is not more than 33 1/3%, ch		-				
20	Private foundation, If the organizati	on did not check a	DOX OR line 14 19:	a or tyb check t	inis pox and see in	STRUCTIONS	▶

Schedule A (Form 990 or 990-EZ) 2014

432023 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 Saints, Chicago First Ward Trust 45-6721810 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E, If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	_		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	_		
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below.	3a	-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	<u>4a</u>		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes	<u>4c</u>		_
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	}		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5 0		
	was accomplished (such as by amendment to the organizing document)	5a		
D	Type I or Type I only. Was any added or substituted supported organization part of a class already	5 h		
_	designated in the organization's organizing document?	5b 5c		-
	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- SC		
6	anyone other than (a) its supported organizations; (b) individuals that are part of the chantable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	 _		<u> </u>
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	•		<u> </u>
•	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a				
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b				
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		ŀ
С				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

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The Church of Jesus Christ of Latter-Day

Schedule A (Form 990 or 990-EZ) 2014 Saints, Chicago First V	Ward T	rust 4	15-6721810 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970. See instr i	uctions. All
other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income			(optional)
1 Net short-term capital gain	_ 1 _		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	····	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<u></u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ally-integrate	d Type III supporting org	ganization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2014

The Church of Jesus Christ of Latter-Day

Sche Par	dule A (Form 990 or 990 EZ) 2014 Saints, Chica			5-6721810 Page 7
		(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	-
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required see instructions)			
3_	Excess distributions carryover, if any, to 2014			
<u>a</u>				
<u>b</u>			-	
<u> </u>				
d				
	From 2013			<u> </u>
	Total of lines 3a through e		<u> </u>	
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	<u> </u>		
_ <u>c</u>	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.	"		
8	Breakdown of line 7:			
a				
b				
<u>C</u>		<u> </u>		
	Excess from 2013			
<u>e</u>	Excess from 2014	<u>L</u>	I .	

Schedule A (Form 990 or 990-EZ) 2014

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Part VI	(Form 990 or 990-EZ) 201	4 Sali	nts,	Cnica	igo r	IIS	t war	<u>a :</u>	Trus	Don't II. Ivo	- 17			
T dit VI	Supplemental Info							C II, HF	ne iu;	Part II, IIn	e i/a or	17b; and	Part III, III	ie 12.
	Also complete this part for	or any ao	ditional	information	(See ii	istructio	ons).							
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SCHEDULE (Form 990) Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Opén to Public OMB No 1545-0047

Inspection

ž Employer identification number 45-6721810 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.rs.gov/form990. (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States The Church of Jesus Christ of Latter-Day recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 5000, (d) Amount of 36500 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Saints, Chicago First Ward Trust (c) IRC section if applicable 501 (c) (3) 501 (c) (3) Enter total number of other organizations listed in the line 1 table 23-7300405 36-2264416 Part'l General Information on Grants and Assistance (p) EIN cnteria used to award the grants or assistance? Temple Street - Salt Lake City, UT 1 (a) Name and address of organization Latter-Day Saints - 50 East North The Church of Jesus Christ of or government 4939 West Montrose Ave St. John's Food Pantry Name of the organization Chicago, IL 60641 Internal Revenue Service Part

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Page 2

45-6721810

Schedule I (Form 990) (2014)

Saints, Chicago First Ward Trust

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
Tuition Assistance	7	18945,	0.		•
Part IV Supplemental Information. Provide the information required in	quired in Part I, In	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	Iditional information.	
Part I, Line 2:					
candidates petition the distribution committee and then the committee	lon commi	ttee and t	then the co	nmittee	
determins need or availability.					

432102 10-15-14

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Internal Revenue Service The Church of Jesus Christ of Latter-Day **Employer identification number**

Inspection

45-6721810 Saints, Chicago First Ward Trust Form 990, Part I, Line 1, Description of Organization Mission: activities Form 990, Part VI, Section A, line 8b: only one committee exists thus all members of the distibution committee have same rights. Form 990, Part VI, Section B, line 11: via electronic copy Form 990, Part VI, Section C, Line 19: Distibuted a copy of the trust document to the supporting organizations